

UNITED STATES DISTRICT COURT

for the

Northern District of Indiana

Division

**-FILED-**

MAY 3 2023

At \_\_\_\_\_ M  
Chanda J. Berta, Acting Clerk  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF INDIANA

Christopher Wilson

Case No.

**1 : 23 CV 184**

(to be filled in by the Clerk's Office)

*Plaintiff(s)*

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Joseph Hutter, Jon Brelje, Allen County Building  
Department, and Allen County Board of Commissioners

*Defendant(s)*

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Non-Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

# **I. The Parties to This Complaint**

## **A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Christopher Wilson		
Address	11620 Red Cedar Cv		
	Fort Wayne	IN	46845
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Allen County		
Telephone Number	2605798483		
E-Mail Address	chris@aeyfortwayne.com		

## **B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

### **Defendant No. 1**

Name	Joseph Hutter		
Job or Title <i>(if known)</i>	Building Commissioner		
Address	200 E Berry St Suite 180		
	Fort Wayne	IN	46802
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Allen		
Telephone Number			
E-Mail Address <i>(if known)</i>			
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

### **Defendant No. 2**

Name	Jon Brelje		
Job or Title <i>(if known)</i>	Chairman of Board of Directors		
Address	200 E Berry St Suite 180		
	Fort Wayne	IN	46802
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Allen		
Telephone Number			
E-Mail Address <i>(if known)</i>			
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

## Defendant No. 3

Name Allen County Building Department

Job or Title *(if known)*

Address 200 E Berry st Suite 180

Fort Wayne IN 46802

City State Zip Code

County Allen

Telephone Number

E-Mail Address *(if known)*

☐ Individual capacity ☒ Official capacity

## Defendant No. 4

Name Allen County Board of Commissioners

Job or Title *(if known)*

Address 200 E Berry St Suite 410

Fort Wayne IN 46802

City State Zip Code

County Allen

Telephone Number

E-Mail Address *(if known)*

☐ Individual capacity ☒ Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against *(check all that apply)*:

- ☐ Federal officials (a *Bivens* claim)
- ☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials? Deprivation of liberty and property under Due Process Clause as it pertains to the Plaintiff's electrical contractors license and master electrical license

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.  
See attached Plaintiff Exhibit 1
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### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?  
The events, 5 separate counts all took place in Allen County, IN
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- B. What date and approximate time did the events giving rise to your claim(s) occur?  
Count 1 January 3, 2023 unknown time  
Count 2 January 19 2023 unknown time  
Count 3 January 20 2023 approximately 5:15pm  
Count 4 February 2, 2023 approximately 7:00pm  
Count 5 January 27, 2023, February 10, 2023, February 27, 2023
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- C. What are the facts underlying your claim(s)? (*For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)  
See attached Plaintiff exhibit 2
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#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Injuries Sustained

Due to the actions by the defendants the plaintiff business had to file for articles of dissolution and essentially "close the doors"

Loss of revenue

Loss of income

Liable in imminent lawsuits for breach of contract

Accumulation of debt that cannot be paid back

Damage to reputation and ability to operate

Loss of contract

Loss of investment

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#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Wish for the court to award compensatory and punitive damages for 5 counts of civil rights violations. Also feel Loss of investment into AEY, my entire retirement I worked for and accumulated \$275,000 was invested into the business and was unjustly taken away

AEY cannot meet demands on loans and Christopher Wilson is guarantor \$575,000. This due to having revenue stopping because of the revocation.

AEY defaulted on revolving debt \$27,000. No revenue to pay these payables

AEY defaulted on lease for shop and office due to no revenue and evicted \$10,000

AEY could not finish contractual obligations and lawsuit for estimated \$301,000

Loss of contract est \$130,000 that could not be signed after being offered because of license revocation.

Loss of daily revenue \$154,250 based on the 2022 average of \$3,085 of revenue per workday

Loss of personal income \$30,000 as an employee of the business which is now shut down and the revocation of the personal master electrician license

Pain and Suffering, damage to personal and company reputation, and other injuries as it pertains to grief, mental anguish, anxiety, and inconvenience. \$500,000

The Plaintiff seeks an award of \$2,002,250 in compensatory damages and \$8,009,000

Since the Plaintiff is acting as a Pro Se Litigant he also request just and fair attorney fees that would be given to ~~an attorney had one represented the Plaintiff~~

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**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 04/03/2023

Signature of Plaintiff

Printed Name of Plaintiff

  
Christopher Wilson

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address